

EX. A

GEORGIA DEATH CERTIFICATE

State File Number 2024GA000030954

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) REBECCA LYNN REESE		1a. IF FEMALE, ENTER LAST NAME AT BIRTH BEARDSLEE		2. SEX FEMALE		2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 05/05/2024	
3. SOCIAL SECURITY NUMBER		4a. AGE (Years) 58	4b. UNDER 1 YEAR Mos. Days Hours Mins.	5. DATE OF BIRTH (Mo., Day, Year)			
6. BIRTHPLACE NORTH CAROLINA		7a. RESIDENCE - STATE GEORGIA		7b. COUNTY BIBB		7c. CITY, TOWN MACON	
7d. STREET AND NUMBER				7e. ZIP CODE 31211	7f. INSIDE CITY LIMITS? UNKNOWN		8. ARMED FORCES? NO
8a. USUAL OCCUPATION SENIOR VICE PRESIDENT			8b. KIND OF INDUSTRY OR BUSINESS TELEVISION				
9. MARITAL STATUS MARRIED		10. SPOUSE NAME DALE LEE REESE			11. FATHER'S FULL NAME (First, Middle, Last) JOHN FARREL BEARDSLEE		
12. MOTHER'S MAIDEN NAME (First, Middle, Last) SHARRON KAY LAWRENCE		13a. INFORMANT'S NAME (First, Middle, Last) DALE LEE REESE			13b. RELATIONSHIP TO DECEDENT SPOUSE		
13c. MAILING ADDRESS					14. DECEDENT'S EDUCATION BACHELOR'S DEGREE		
15. ORIGIN OF DECEDENT (Spanish/Hispanic/Latino) NO, NOT SPANISH/HISPANIC/LATINO			16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) WHITE				
17a. IF DEATH OCCURRED IN HOSPITAL EMERGENCY ROOM/OUTPATIENT			17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)				
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) PIEDMONT MACON MEDICAL CENTER			19. CITY, TOWN or LOCATION OF DEATH MACON			20. COUNTY OF DEATH BIBB	
21. METHOD OF DISPOSITION (specify) CREMATION		22. PLACE OF DISPOSITION BURPEE-SCOTT MEMORIAL CHAPEL AND CREMATORY 2932 HWY 41 N FORT VALLEY GEORGIA 31030				23. DISPOSITION DATE (Mo., Day, Year) 05/07/2024	
24a. EMBALMER'S NAME		24b. EMBALMER LICENSE NO.		25. FUNERAL HOME NAME FAIRHAVEN FUNERAL HM AND CREMATION SERVICES-MACON			
25a. FUNERAL HOME ADDRESS 4989 MOUNT PLEASANT CHURCH ROAD MACON GEORGIA 31216							
26a. SIGNATURE OF FUNERAL DIRECTOR LEO L THOMAS				26b. FUN. DIR. LICENSE NO. 5656		AMENDMENTS	
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 05/05/2024		28. HOUR PRONOUNCED DEAD 13:48 MILITARY					
29a. PRONOUNCER'S NAME DOUGLAS BUCKERT			29b. LICENSE NUMBER			29c. DATE SIGNED 05/05/2024	
30. TIME OF DEATH 13:48 MILITARY			31. WAS CASE REFERRED TO MEDICAL EXAMINER YES				
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.						Approximate Interval between onset and death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) A. Due to, or as a consequence of B. Due to, or as a consequence of C. Due to, or as a consequence of D.						NA	
						NA	
Part II. Enter significant conditions contributing to death but not related to cause given in Part I A. If female, indicate if pregnant or birth occurred within 90 days of death.				33. WAS AUTOPSY PERFORMED?		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
35. TOBACCO USE CONTRIBUTED TO DEATH UNKNOWN		36. IF FEMALE (range 10-54) PREGNANT NOT PREGNANT WITHIN THE PAST YEAR			37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)		
38. DATE OF INJURY (Mo., Day, Year)		39. TIME OF INJURY		40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)							
43. DESCRIBE HOW INJURY OCCURRED					44. IF TRANSPORTATION INJURY		
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.)				46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.) /S/ LEON JONES CORONER			
45a. DATE SIGNED (Mo., Day, Year)		45b. HOUR OF DEATH		46a. DATE SIGNED (Mo., Day, Year) 05/07/2024		46b. HOUR OF DEATH 13:48 MILITARY	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH LEON JONES 111 THIRD STREET MACON GEORGIA 31201							
48. REGISTRAR (Signature) /S/ CHRISTOPHER JP HARRISON					49. DATE FILED - REGISTRAR (Mo., Day, Year) 05/08/2024		